

**Kentucky Department of Insurance**  
**Division of Consumer Protection and Education**  
**P.O. Box 517, Frankfort, KY 40602-0517**  
**Toll-Free: 1-800-595-6053**  
**Consumer Protection: (502) 564-6034, Fax: (502) 564-6090**

## Consumer Complaint Form

**PLEASE NOTE:** In order to assist you, we need a detailed summary of the problem from your perspective, in addition to the information below. Attach more sheets as needed. Please type or print. Please attach copies of any documents related to your complaint. Do not send originals.

1. Your Name \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

2. Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

3. Type of Insurance Involved (*please circle one*):

Auto      Homeowner's      Life      Health      Disability

Workers' Compensation      Commercial      Other, please specify \_\_\_\_\_

4. My complaint is against (*please circle all that apply*):

Insurance Company      Adjuster      Agent      Other

5. If you are filing a complaint on behalf of another person, what is your relationship to the policyholder/ insured? \_\_\_\_\_ Please see the general information sheet for more on the documents that may be required to allow you to act as their authorized representative.

6. The involved insurance company is associated with (*please circle one*):

Your policy      Someone else's policy

7. Information on **my** policy: *(complete any that apply)*

Insurance Company:

Policy Number:

Group Number:

ID Number:

Agent's Name:

Agent's Address:

8. Information on the **other person's** policy *(complete any that apply)*:

Insured's Name:

Insurance Company:

Policy Number:

Group Number:

ID Number:

Adjuster's Name:

9. Are you represented by an attorney? Please circle one.

Yes

No

Today's Date: (MM/DD/YY)    /    /

Signature

Please use the space below to provide a detailed description of the problem from your point of view. Attach additional sheets if needed.

The Kentucky Department of Insurance does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services and provides upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities.